CLASS 1 (COMMERCIAL) IMPROVEMENT LOCATION PERMIT APPLICATION

PERMIT NUMBER: ILP		DROP OFF #			
A. ADDRESS:			H. DEVELOPMENT S		
B. OWNER OR LESSEE OF TH	IE PROPERTY:		NUMBER OF UNITS	:	
			REQUIRED		PROPOSED
NAME:				PRIMARY GFA	
ADDRESS:				ACCESSORY GFA	
				PARKING/HNDCP SPACE	
			-	OF LOADING BERTHS OUTSIDE STORAGE	
CITY STATE ZIP CODE				FRONTAGE	
TELEPHONE NUMBER: (_)		LOT WIDTH		
O DDO IEOT DECODIDATION.			LOT AREA		
C. PROJECT DESCRIPTION:			NUMBER OF EMPLOYEES / SHIFT:		
			SEATING CAPACITY:		
D. EXISTING ZONING:	TWP:			TIOO	
SURROUNDING: N E			I. MULTI-FAMILY RA	1105:	
TRANSITIONAL YARD:			REQUIRED		PROPOSED
			r	MAX FLOOR AREA RATIO	<u> </u>
	YES		MIN OPEN SPACE RATIO		
	YES		MIN LIVABILITY SPACE RATIO		
INTEGRATED CENTER:	YES	NO	MIN MA	JOR LIVABILITY SPACE F	RATIO
NAME OF CENTER:				MIN TOTAL CAR RATIO	
ADMINISTRATIVE APPROVAL:	YES	NO	J. ADDITIONAL ACC	ESSORIES:	
PETITION NUMBER:			ACCESSORY 1	ACCESSORY 2	ACCESSORY 3
THOROUGHFARE:			REQ. PROP.	REQ. PROP.	REQ. PROP.
E. USE: (Check one in each co	olumn)		FRONT	FRONT	FRONT
<u>EXISTING</u> <u>PROPOSED</u>		SIDE 1	SIDE 1	SIDE 1	
COMMERCIAL	COMMERCIAL		SIDE 2	SIDE 2	SIDE 2
INDUSTRIAL	<u> </u>		SIDE AGG	SIDE AGG	SIDE AGG
MULTI-FAMILY MULTI-FAMILY		REAR	REAR	REAR	
SPECIAL USE	SPECIAL USE		FLR AREA	FLR AREA	FLR AREA
F. IMPROVEMENTS:				HEIGHT	
EXISTING:				AREA	
PROPOSED:			#STORIES	#STORIES	#STORIES
TOTAL AREA OF			K. APPLICANT:		
PROPOSED IMPROVEMENTS:			NAME:		
G. PRIMARY/ATTACHED:	ACCESSOR'	Y/DETACHED:			
REQUIRED PROPOSEI	D REQUIRED	PROPOSED	-		
FRONT	FF	RONT	CITY	STATE	ZIP CODE
SIDE 1	SI	DE 1	TELEPHONE NUMB	ER: ()	
SIDE 2	SI	DE 2	EMAIL ADDRESS:_		
SIDE AGG	SIDI	E AGG		d agent, affirm, under pena	
REAR		EAR		ations are true and required plete and accurate. I will be	
			work allowed by permits	granted under this form be he required plot plans, cons	ing in conformance
IWAINTEANEATEOONANEA		form, and all applicable laws and ordinances. I understand that approval of plans and issuance of permits does not obviate the need to comply with			
			applicable laws and ordinances. I agree to hold harmless and indemnify		
# OF STORIES		STORIES	the City of Indianapolis for any claim against the City as the result of any act of commission or omission by or on behalf of the undersigned, his/her agent, principle, contractor, subcontractor or supplier.		
TOTAL BLD AREA	TOTAL BLI	D AREA		•	
			SIGNATURE:		DATE:

DEPARTMENT OF CODE ENFORCEMENT